



HONOLULU ETHICS COMMISSION
 925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768
 Email: ethics@honolulu.gov
 Website: <http://www.honolulu.gov/ethics/>

THIS SPACE FOR OFFICE USE ONLY

HONOLULU
 ETHICS COMMISSION
 RECEIVED

9-2-10-20
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2020 REGISTRATION
 Lobbyist Registration
 (Type or Print Clearly)

PART I LOBBYIST		
NAME (Last) (First) (Middle) Kekoa McClellan		
LOBBYIST FIRM/EMPLOYER (if applicable) The McClellan Group		TELEPHONE 8083937937
MAILING ADDRESS (No. and Street or P.O. Box) 2319 Ahamoa Street		FAX
		EMAIL kekoamcclellan@gmail.com
(City) Pearl City	(State) HI	(Zip Code) 96782

PART II.A ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) Park Hotels and Resorts		TELEPHONE 1 917 846 9923
MAILING ADDRESS (No. and Street or P.O. Box) 1775 Tysons Blvd., 7th Floor		FAX
		EMAIL jfuisz@pkhotelsandresorts.com
(City) Tysons	(State) VA	(Zip Code) 22102
ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)		<input checked="" type="checkbox"/> Not Applicable
METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS		<input checked="" type="checkbox"/> Not Applicable

PART II.B NO LONGER LOBBYING	
<input checked="" type="checkbox"/> I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE 1-31-2020

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below):		

PART IV LOBBYIST CERTIFICATION

<p><i>I hereby certify that the foregoing statements are true and correct.</i></p> <p></p> <p>LOBBYIST SIGNATURE</p> <p>DATE <u>1-31-2020</u></p>	<p>Subscribed and sworn to before me</p> <p>This <u>31st</u> day of <u>January</u>, 20<u>20</u></p> <p>By: <u>Innocencio C. Ignacio</u> Innocencio C. Ignacio NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS</p> <p>My commission expires: <u>Sept. 21, 2021</u></p> <p><i>- see back for notary certification</i></p>
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PART V AUTHORIZATION TO LOBBY

NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
MAILING ADDRESS (No. and Street or P.O. Box)		FAX	
		EMAIL	
(City)	(State)	(Zip Code)	
<i>I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.</i>			
_____ (Signature of Authorizing Officer or Person Represented)		_____ (Date)	

